

<i>SERFF Tracking Number:</i>	<i>AGNY-125930818</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-EO-24</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Architects & Engineers Professional Liability Program - 151640288</i>		
<i>Project Name/Number:</i>	<i>Architects & Engineers Professional Liability Program/AIC-08-EO-24</i>		

Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: Architects & Engineers Professional Liability Program - 151640288
 SERFF Tr Num: AGNY-125930818 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.1019 Professional Errors & Omissions Liability	Co Tr Num: AIC-08-EO-24	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts

Author: Janine Graham
 Date Submitted: 12/11/2008
 Disposition Date: 12/22/2008
 Disposition Status: Approved

Effective Date Requested (New): On Approval
 Effective Date Requested (Renewal): On Approval
 Effective Date (New):
 Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: Architects & Engineers Professional Liability Program	Status of Filing in Domicile: Pending
Project Number: AIC-08-EO-24	Domicile Status Comments: This filing is being submitted simultaneously countrywide.

Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A

Filing Status Changed: 12/22/2008	Deemer Date:
State Status Changed: 12/22/2008	

Corresponding Filing Tracking Number:

Filing Description:

New Hampshire Insurance Company submits for your review and approval one (1) endorsements and one (1) new business application to be used with its Architects and Engineers Professional Liability Program currently on file with your Department.

SERFF Tracking Number: AGNY-125930818 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-EO-24

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Architects & Engineers Professional Liability Program - 151640288

Project Name/Number: Architects & Engineers Professional Liability Program/AIC-08-EO-24

Company and Contact

Filing Contact Information

Janine Graham, Filings Analyst Janine.Graham@AIG.com
 175 Water Street (212) 458-7463 [Phone]
 New York, NY 10038 (212) 458-7077[FAX]

Filing Company Information

New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania
 70 Pine Street Group Code: Company Type:
 New York, NY 10270 Group Name: State ID Number:
 (212) 770-7000 ext. [Phone] FEIN Number: 02-0172170

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form filing per group
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New Hampshire Insurance Company	\$50.00	12/11/2008	24474520

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/22/2008	12/22/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
New Business Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)	Form	Janine Graham	12/15/2008	12/15/2008

<i>SERFF Tracking Number:</i>	<i>AGNY-125930818</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 12/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125930818 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-EO-24

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Architects & Engineers Professional Liability Program - 151640288

Project Name/Number: Architects & Engineers Professional Liability Program/AIC-08-EO-24

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form (revised)	New Business Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)	Approved	Yes
Form	New Business Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)	Approved	Yes
Form	General Change Endorsement	Approved	Yes

SERFF Tracking Number: AGNY-125930818 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-EO-24

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Architects & Engineers Professional Liability Program - 151640288

Project Name/Number: Architects & Engineers Professional Liability Program/AIC-08-EO-24

Amendment Letter

Amendment Date:
Submitted Date: 12/15/2008

Comments:

Dear Edith Roberts,

The form number for New Business Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage) was typed incorrectly under the Form Schedule tab. The correct form number is 99764 (9/08).

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
New Business Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)	99764	(9/08)	Application/Binder/Enrollment	New			0	99764 (9-08) - AE Application.pdf

SERFF Tracking Number: AGNY-125930818 State: Arkansas

Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-EO-24

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Architects & Engineers Professional Liability Program - 151640288

Project Name/Number: Architects & Engineers Professional Liability Program/AIC-08-EO-24

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	New Business Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)	99764	(9/08)	Application/ New Binder/Enrollment		0.00	99764 (9-08) - AE Application.pdf
Approved	General Change Endorsement	100351	(11/08)	Endorsement/Amendment/Conditions		0.00	100351 (11-08) - General Change End't.pdf



American International Companies®
New Hampshire Insurance Company
70 Pine Street
New York, NY 10270
(herein called the “company”)

Firm Name _____

A&E Advantagesm

NEW BUSINESS APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE)

Coverage is underwritten by: New Hampshire Insurance Company

APPLICANT INSTRUCTIONS:

1. Please type or print in ink.
2. Answer all questions: **leave no blank spaces.**
3. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
4. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

Notice: The insurance for which you are applying is written on a claims made policy. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. “Claim” means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The limits of liability stated in the policy are reduced by claim expenses. Claim expenses are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with Affinity Insurance Services, Inc.

Firm Information

1. Firm Name: _____
(If partnership or corporation, show firm)
2. DBA: _____
3. Address: _____
Street City State ZIP Code
4. Firm Phone Number: _____
5. Contact Name: _____ Phone: _____ Fax: _____
6. Email: _____ Website: _____
7. Business Type (Partnership, Corp, etc.): _____ FEIN #: _____
8. Date Firm Established: _____
9. Is the applicant’s Firm in private practice? ☐ Yes ☐ No
10. Is at least one of the Firm’s principals licensed/registered in their appropriate discipline? ☐ Yes ☐ No
If no, does your firm engage exclusively in landscape design or interior design? ☐ Yes ☐ No
11. Is the Firm controlled, owned or associated with or does the Firm own or control any other firm, corporation or company? ☐ Yes ☐ No
If yes, please provide the entity name, relationship to your Firm, and services of the other entity.
Entity Name: _____
Relationship to Your Firm: _____
Services: _____
12. During the past three years, has the Firm changed its name, merged with or acquired another firm, or had any other business purchased or acquired? ☐ Yes ☐ No
If yes, has your Firm or an acquired entity ever purchased an extended reporting endorsement? ☐ Yes ☐ No
If yes, please provide date purchased and term of endorsement.
Date Purchased: ____/____/____ (mm/dd/yyyy)
Term of Endorsement: ____/____/____ (mm/dd/yyyy) to ____/____/____ (mm/dd/yyyy)

13. Total Gross Billings (less direct reimbursables):

Most Recently Completed Fiscal Year	\$
Previous Completed Fiscal Year	\$

14. Types of clients: (Total must equal 100%)

Commercial	%	Industrial	%	Real Estate Developers	%
Contractors	%	Institutional	%	State Government	%
Federal Government	%	Local Government	%		
Individual Owners	%	Other Design Professionals	%	Total	%

15. Staff:

Principals, Partners, Officers and Directors: _____

Architects, Engineers, Surveyors, Site Representatives, _____

Landscape Architects, Draftsmen and other Technical Personnel: _____

Clerical and Accounting Employees: _____

Total Staff: _____16. Does any member of the Firm act in the capacity of an employee or official of a governmental body? ☐ Yes ☐ No

If yes, please provide the following information:

Name of Individual: _____

Capacity in your Firm: _____

Capacity in Governmental Body: _____

Does your firm do business with this governmental body? ☐ Yes ☐ NoDoes the individual in question act in a decision-making capacity in matters related to your firm? ☐ Yes ☐ No17. Does the Firm engage directly, or through others, in design-build, construction, manufacturing, fabricating, product sales, real estate development, project financing, or have financial interests in organizations that do? ☐ Yes ☐ No

If yes, please provide details on the activities to which you are responding "yes".

18. Does the Firm provide services as a Construction Manager with respect to any project for which the firm holds any contract to perform any construction, erection, assembly, fabrication, installation, or remediation either by itself or through any subcontractor at any tier? ☐ Yes ☐ No19. Does the Firm provide professional services on projects in which any Principal, Officer, Director or Shareholder or an immediate family member of such person retains an ownership interest of greater than 25%? ☐ Yes ☐ No20. Does the Firm develop, sell or lease computer software to others? ☐ Yes ☐ No

If yes, please describe the specific software/service. _____

Is the software/service provided under the name of the entity applying for this coverage? ☐ Yes ☐ No21. Does the Firm perform inspection services of homes or commercial property for prospective buyers or lenders or on existing structures? ☐ Yes ☐ No22. Does the Firm engage in projects located outside the United States, its territories, or Canada? ☐ Yes ☐ No

If yes, please provide details on the services provided, nature of the project, and location of the project.

23. Please indicate the percentage of gross billable dollars by **discipline** for the last fiscal year.

- Please round to the nearest whole number.
- The total of all items must equal 100%.

Discipline	%	Discipline	%
Acoustical Engineering		Forensic Activities / Expert Testimony	
Architecture / Architectural Planning		HVAC Engineering	
Asbestos Inspection, Testing or Abatement Design		Hydrology / Geology	
Chemical Engineering — Coal, Gas, Oil		Interior Design	
All other Chemical Engineering		Laboratory Testing	
Civil Engineering		Landscape Architecture	
Communication Engineering		Land Surveying	
Construction Inspection		Machine Equipment Design	
Construction / Project Management — Agency Only		Mechanical Engineering	
Construction / Project Management — At Risk		Mining Engineering	
Drafting / Drawing / CAD		Naval / Marine Engineering	
Electrical Engineering — Utilities / Power Plants, Heavy Industry		Planning including Space / Land / Master	
All other Electrical Engineering (including Illumination / Lighting Design)		Process Engineering — Gas / Oil	
Environmental Engineering		Process Engineering — All other	
Environmental Real Estate Audit		Soil / Geotech Engineering	
Environmental Remediation Design / Specifications		Structural Engineering	
Environmental Risk Assessment and Permitting		Traffic Engineering	
Feasibility Studies (not resulting in construction operations)		Value or Quality Engineering	
Fire Protection Engineering			
		Total of all Disciplines	100%

24. Please indicate the percentage of gross billable dollars by **project** for the last fiscal year.

- Please round to the nearest whole number.
- The total of all items must equal 100%.

Projects	%	Projects	%
Airports		Mines	
Amusement Rides		Municipal / Community / Public Buildings	
Apartments		Nuclear Facilities	
Auditoriums / Theatres		Office Buildings	
Bridges		Parking Structures	
Churches		Parks / Playgrounds	
Commercial Buildings (excluding Condominiums or Apartments)		Petrochemical / Refineries	
Condominiums		Pools	
Convention Centers		Power Plants / Utilities	
Custom Residential		Recreation	
Dams		Restaurants / Food Services	
Environmental Impact Statements		Roads / Highways	
Forensic / Expert		Schools / Colleges	
Foundation / Shoring Projects		Sewer Systems	
Golf Courses		Sewage Treatment Plants	
Harbors / Piers / Ports / Marinas		Shopping Centers / Retail	
Hospitals / Healthcare		Site Development	
Hotels / Motels		Sports Stadiums	
Industrial Waste Treatment		Superfund / Pollution	
Jails / Justice		Surveying	
Landfills		Tract Homes / Subdivisions	
Libraries		Traffic Planning	
Machinery & Equipment		Tunnels	
Manufacturing / Industrial Buildings		Warehouses	
Mass Transit		Water Systems	
Materials Handling Systems			
Military		Total of all Projects	100%

25. Please indicate the percentage of gross billable dollars by **service** for the last fiscal year.

- Please round to the nearest whole number.
- The total of all items must equal 100%.

Services	%	Services	%
Conceptual Design		Inspection / Certification	
Construction Observation Without Design		Inspection of Home / Commercial Property for Prospective Buyers or Lenders	
Construction / Project Management		Inspections Services on Existing Structures	
Consulting — Not Resulting in Design		Manufacture, Sale, or Distribution of any Product or Process	
Design and Observation		Perc Testing	
Design Without Observation		Plan Checking	
Development, Sale, or Leasing of Computer Software to Others		Subsurface Soil Testing excluding Perc Testing	
Feasibility Studies / Planning / Reports		Surveying, Planning, Plotting, Mapping, Flood Plain Studies, Construction Studies, Boundary Surveys, etc.	
Forensic Activities / Expert Testimony			
		Total of all Services	100%

26. Has the Firm and/or principals/officers/partners of the Firm ever been subject to disciplinary actions by authorities as a result of their professional activities? ☐ Yes ☐ No

If yes, please provide details including names of parties involved, specific action, and dates.

27. In the past three years, has the Firm been named in any suit in which counsel had to be engaged for defense? ☐ Yes ☐ No

If yes, have any claims been made or legal action been brought in the past three years (or made earlier and still pending) against the firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder, or employee? ☐ Yes ☐ No

If yes, please provide the following information for **each** claim. (Use additional sheet if necessary.)

Date Reported: ____/____/____ (mm/dd/yyyy)

Name of Claimant or Plaintiff: _____

Description of Loss/Allegation: _____

Demand or Amount of Claims: \$ _____

Name of Your Insurance Company: _____

Policy Number: _____

Policy Period: ____/____/____ (mm/dd/yyyy) to ____/____/____ (mm/dd/yyyy)

Total Amount Paid: \$ _____

Total Amount of Reserves (if known): \$ _____

28. After inquiry, is any member of the Firm aware of any act, error, omission, or circumstance which may possibly result in a claim being made against them? ☐ Yes ☐ No

If yes, please provide description of circumstances and approximate timeframe of the act, error, omission, or circumstance.

29. Has the Firm and/or principals of the Firm had their professional liability policy cancelled or not renewed by an insurance company (except for non-payment of premium)? **MISSOURI APPLICANTS NEED NOT REPLY** ☐ Yes ☐ No

If yes, please cite policy period and reason for cancellation.

Policy Period: ____/____/____ (mm/dd/yyyy) to ____/____/____ (mm/dd/yyyy)

Reason: _____

30. Are standard industry contracts (AIA or EJCDC) used the majority of the time? ☐ Yes ☐ No

If no, please detail the types of contracts used and the percentage amount.

AIA or EJCDC _____%

Client Drafted Agreement _____%

Firm's Standard Form _____%

Letter Agreement (firm or client drafted) _____%

31. Does an attorney review your contracts before they are executed? ☐ Yes ☐ No

32. Do you include Limitations of Liability clauses in the majority of your contracts with your clients? ☐ Yes ☐ No

33. Does the Firm have written in-house quality control procedures? ☐ Yes ☐ No

34. Does the Firm or members of your firm maintain membership in professional organizations? ☐ Yes ☐ No

35. Does the Firm have a Peer Review Program? ☐ Yes ☐ No

36. Do all of your contracts with sub-consultants require the sub-consultant to carry errors and omissions coverage? ☐ Yes ☐ No ☐ Consultants are not used

37. Does the Firm incorporate the use of Building Information Modeling (BIM)? ☐ Yes ☐ No

38. Does the Firm use MasterSpec® or similar specification software? ☐ Yes ☐ No

39. Does the Firm currently have Professional Liability coverage? ☐ Yes ☐ No

If no, when would you like your policy to be effective? ____/____/____ (mm/dd/yyyy)

If you do have Professional Liability coverage, please provide details on your Architects and Engineers

Professional Liability Coverage for the past **Five Years** starting with current coverage.

Insurance Company	Policy Period	Prior Acts Date	Limits	Deductible	Premium
	/ / to / / mm/dd/yyyy mm/dd/yyyy	/ / mm/dd/yyyy	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$

40. Does your current policy provide for defense costs within the application of the deductible (often referred to as First Dollar Defense)? ☐ Yes ☐ No

41. Is your Firm currently insured under a Comprehensive General Liability and/or Umbrella Policy? ☐ Yes ☐ No

If yes, please provide details.

Insurance Company: _____ Type of Coverage: _____

Limits BI/PD: _____ Policy Period: ____/____/____ to ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

Coverage Selection

Limits of Liability: \$ _____ / \$ _____ Deductible: \$ _____ ☐ Per Claim or ☐ Annual Aggregate*

Additional Coverage Options

☐ First dollar defense

☐ Pollution Incident Endorsement*

*May not be available in all states.

IMPORTANT NOTICE

In granting coverage to any of the insureds, the insurer has relied upon the declarations and statements in this application for coverage. All such declarations and statements are the basis of coverage and shall be considered incorporated in and constituting part of the policy should one be issued.

All written statements and materials furnished to the company submitted in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This application does not bind the applicant to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract and should a policy be issued, it will be attached to and made a part of the policy.

The undersigned applicant declares that the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes between the date of this application and the effective date of the policy, should a policy be issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

If and when a policy is issued, this application is attached to and made a part of the policy, so it is necessary that all questions be answered in detail. The applicant hereby acknowledges that he/she is aware that by signing below where indicated, that this signed statement will be attached to the policy.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO ILLINOIS APPLICANTS: The discovery of any fraud, intentional concealment, or misrepresentation of material fact in the policy will render this policy, if issued, void at inception. The discovery of any fraud, intentional concealment, or misrepresentation of a material fact during a claim will render this policy, if issued, cancelled.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON AND VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant hereby acknowledges that he/she/it is aware that the limits of insurance contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses which include but are not limited to attorneys fees and, in such event, the insurer shall not be liable for the costs of defense expenses or for the amount of any judgement or settlement to the extent that such exceeds the limits of insurance of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

Agent/Producer Name: _____

License #: _____

A&E Advantage is a service mark of Affinity Insurance Services, Inc.; in CA, MN and OK, AIS Affinity Insurance Agency, Inc. (CA License #0795465) and in NY, AIS Affinity Insurance Agency.

Administered by:

AON

AIG

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 a.m. forms a part of Policy

No. issued to

by

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY

IN CONSIDERATION OF AN ADDITIONAL/RETURN PREMIUM OF \$XXXXX, IT IS HEREBY UNDERSTOOD AND AGREED THAT:

All other terms and conditions of the policy remain the same.

Authorized Signature

<i>SERFF Tracking Number:</i>	<i>AGNY-125930818</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-EO-24</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Architects & Engineers Professional Liability Program - 151640288</i>		
<i>Project Name/Number:</i>	<i>Architects & Engineers Professional Liability Program/AIC-08-EO-24</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *AGNY-125930818* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-EO-24*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Architects & Engineers Professional Liability Program - 151640288*
Project Name/Number: *Architects & Engineers Professional Liability Program/AIC-08-EO-24*

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/22/2008
Comments:
Attachment:
12-11-08 AR PCTD-1 - A&E.pdf

Satisfied -Name: Forms Listing **Review Status:** Approved 12/22/2008
Comments:
Attachment:
Form Listing A&E.pdf

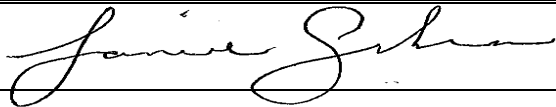
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	American International Group				Group NAIC #	012
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
New Hampshire Insurance Company	PA	23841	02-0172170			

5. Company Tracking Number	AIC-08-EO-24
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Janine Graham 175 Water Street, 17 th Floor New York, New York 10038	Filing Analyst	(212) 458-7463	(212) 458-7077	janine.graham@aig.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Janine Graham		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1000 Other Liability – Claims Made Only
10. Sub-Type of Insurance (Sub-TOI)	17.1019 Professional Errors & Omissions Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Architect and Engineers Professional Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: January 12, 2009 Renewal: January 12, 2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	December 11, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-08-EO-24
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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New Hampshire Insurance Company submits for your review and approval one (1) endorsement and one (1) new business application to be used with its Architects and Engineers Professional Liability Program currently on file with your Department.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: N/A Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-EO-24			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	New Business Application For Architects and Engineers Professional Liability Policy (Claims Made Coverage)	99764 (9/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	General Change Endorsement	100351 (11/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

Forms Listing
Architects and Engineers Professional Liability Program
AIC-08-EO-24

	Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	A&E Advatage New Business Application for Architects and Engineers Professional Liability Policy	99764 (9/08)	A	New	N/A	Mandatory	Clarifies	No	Application (Made part of the policy)
2	General Change Endorsement	100351 (11/08)	E	New	N/A	Optional	Clarifies	No	Amends the policy with certain mid-term changes agreed to by both parties

A = Application
D = Declarations
E = Endorsement
P = Policy
O = Other (Please explain)

Yes or No

<i>SERFF Tracking Number:</i>	<i>AGNY-125930818</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-08-EO-24</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Architects & Engineers Professional Liability Program - 151640288</i>		
<i>Project Name/Number:</i>	<i>Architects & Engineers Professional Liability Program/AIC-08-EO-24</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	New Business Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)	12/04/2008	99764 (9-08) - AE Application.pdf



American International Companies®
New Hampshire Insurance Company
70 Pine Street
New York, NY 10270
(herein called the “company”)

Firm Name _____

A&E Advantagesm

NEW BUSINESS APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE)

Coverage is underwritten by: New Hampshire Insurance Company

APPLICANT INSTRUCTIONS:

1. Please type or print in ink.
2. Answer all questions: **leave no blank spaces.**
3. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
4. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

Notice: The insurance for which you are applying is written on a claims made policy. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. “Claim” means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The limits of liability stated in the policy are reduced by claim expenses. Claim expenses are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with Affinity Insurance Services, Inc.

Firm Information

1. Firm Name: _____
(If partnership or corporation, show firm)
2. DBA: _____
3. Address: _____
Street City State ZIP Code
4. Firm Phone Number: _____
5. Contact Name: _____ Phone: _____ Fax: _____
6. Email: _____ Website: _____
7. Business Type (Partnership, Corp, etc.): _____ FEIN #: _____
8. Date Firm Established: _____
9. Is the applicant’s Firm in private practice? ☐ Yes ☐ No
10. Is at least one of the Firm’s principals licensed/registered in their appropriate discipline? ☐ Yes ☐ No
If no, does your firm engage exclusively in landscape design or interior design? ☐ Yes ☐ No
11. Is the Firm controlled, owned or associated with or does the Firm own or control any other firm, corporation or company? ☐ Yes ☐ No
If yes, please provide the entity name, relationship to your Firm, and services of the other entity.
Entity Name: _____
Relationship to Your Firm: _____
Services: _____
12. During the past three years, has the Firm changed its name, merged with or acquired another firm, or had any other business purchased or acquired? ☐ Yes ☐ No
If yes, has your Firm or an acquired entity ever purchased an extended reporting endorsement? ☐ Yes ☐ No
If yes, please provide date purchased and term of endorsement.
Date Purchased: ____/____/____ (mm/dd/yyyy)
Term of Endorsement: ____/____/____ (mm/dd/yyyy) to ____/____/____ (mm/dd/yyyy)

13. Total Gross Billings (less direct reimbursables):

Most Recently Completed Fiscal Year	\$
Previous Completed Fiscal Year	\$

14. Types of clients: (Total must equal 100%)

Commercial	%	Industrial	%	Real Estate Developers	%
Contractors	%	Institutional	%	State Government	%
Federal Government	%	Local Government	%		
Individual Owners	%	Other Design Professionals	%	Total	%

15. Staff:

Principals, Partners, Officers and Directors: _____

Architects, Engineers, Surveyors, Site Representatives, _____

Landscape Architects, Draftsmen and other Technical Personnel: _____

Clerical and Accounting Employees: _____

Total Staff: _____16. Does any member of the Firm act in the capacity of an employee or official of a governmental body? ☐ Yes ☐ No

If yes, please provide the following information:

Name of Individual: _____

Capacity in your Firm: _____

Capacity in Governmental Body: _____

Does your firm do business with this governmental body? ☐ Yes ☐ NoDoes the individual in question act in a decision-making capacity in matters related to your firm? ☐ Yes ☐ No17. Does the Firm engage directly, or through others, in design-build, construction, manufacturing, fabricating, product sales, real estate development, project financing, or have financial interests in organizations that do? ☐ Yes ☐ No

If yes, please provide details on the activities to which you are responding "yes".

18. Does the Firm provide services as a Construction Manager with respect to any project for which the firm holds any contract to perform any construction, erection, assembly, fabrication, installation, or remediation either by itself or through any subcontractor at any tier? ☐ Yes ☐ No19. Does the Firm provide professional services on projects in which any Principal, Officer, Director or Shareholder or an immediate family member of such person retains an ownership interest of greater than 25%? ☐ Yes ☐ No20. Does the Firm develop, sell or lease computer software to others? ☐ Yes ☐ No

If yes, please describe the specific software/service. _____

Is the software/service provided under the name of the entity applying for this coverage? ☐ Yes ☐ No21. Does the Firm perform inspection services of homes or commercial property for prospective buyers or lenders or on existing structures? ☐ Yes ☐ No22. Does the Firm engage in projects located outside the United States, its territories, or Canada? ☐ Yes ☐ No

If yes, please provide details on the services provided, nature of the project, and location of the project.

23. Please indicate the percentage of gross billable dollars by **discipline** for the last fiscal year.

- Please round to the nearest whole number.
- The total of all items must equal 100%.

Discipline	%	Discipline	%
Acoustical Engineering		Forensic Activities / Expert Testimony	
Architecture / Architectural Planning		HVAC Engineering	
Asbestos Inspection, Testing or Abatement Design		Hydrology / Geology	
Chemical Engineering — Coal, Gas, Oil		Interior Design	
All other Chemical Engineering		Laboratory Testing	
Civil Engineering		Landscape Architecture	
Communication Engineering		Land Surveying	
Construction Inspection		Machine Equipment Design	
Construction / Project Management — Agency Only		Mechanical Engineering	
Construction / Project Management — At Risk		Mining Engineering	
Drafting / Drawing / CAD		Naval / Marine Engineering	
Electrical Engineering — Utilities / Power Plants, Heavy Industry		Planning including Space / Land / Master	
All other Electrical Engineering (including Illumination / Lighting Design)		Process Engineering — Gas / Oil	
Environmental Engineering		Process Engineering — All other	
Environmental Real Estate Audit		Soil / Geotech Engineering	
Environmental Remediation Design / Specifications		Structural Engineering	
Environmental Risk Assessment and Permitting		Traffic Engineering	
Feasibility Studies (not resulting in construction operations)		Value or Quality Engineering	
Fire Protection Engineering			
		Total of all Disciplines	100%

24. Please indicate the percentage of gross billable dollars by **project** for the last fiscal year.

- Please round to the nearest whole number.
- The total of all items must equal 100%.

Projects	%	Projects	%
Airports		Mines	
Amusement Rides		Municipal / Community / Public Buildings	
Apartments		Nuclear Facilities	
Auditoriums / Theatres		Office Buildings	
Bridges		Parking Structures	
Churches		Parks / Playgrounds	
Commercial Buildings (excluding Condominiums or Apartments)		Petrochemical / Refineries	
Condominiums		Pools	
Convention Centers		Power Plants / Utilities	
Custom Residential		Recreation	
Dams		Restaurants / Food Services	
Environmental Impact Statements		Roads / Highways	
Forensic / Expert		Schools / Colleges	
Foundation / Shoring Projects		Sewer Systems	
Golf Courses		Sewage Treatment Plants	
Harbors / Piers / Ports / Marinas		Shopping Centers / Retail	
Hospitals / Healthcare		Site Development	
Hotels / Motels		Sports Stadiums	
Industrial Waste Treatment		Superfund / Pollution	
Jails / Justice		Surveying	
Landfills		Tract Homes / Subdivisions	
Libraries		Traffic Planning	
Machinery & Equipment		Tunnels	
Manufacturing / Industrial Buildings		Warehouses	
Mass Transit		Water Systems	
Materials Handling Systems			
Military		Total of all Projects	100%

25. Please indicate the percentage of gross billable dollars by **service** for the last fiscal year.

- Please round to the nearest whole number.
- The total of all items must equal 100%.

Services	%	Services	%
Conceptual Design		Inspection / Certification	
Construction Observation Without Design		Inspection of Home / Commercial Property for Prospective Buyers or Lenders	
Construction / Project Management		Inspections Services on Existing Structures	
Consulting — Not Resulting in Design		Manufacture, Sale, or Distribution of any Product or Process	
Design and Observation		Perc Testing	
Design Without Observation		Plan Checking	
Development, Sale, or Leasing of Computer Software to Others		Subsurface Soil Testing excluding Perc Testing	
Feasibility Studies / Planning / Reports		Surveying, Planning, Plotting, Mapping, Flood Plain Studies, Construction Studies, Boundary Surveys, etc.	
Forensic Activities / Expert Testimony			
		Total of all Services	100%

26. Has the Firm and/or principals/officers/partners of the Firm ever been subject to disciplinary actions by authorities as a result of their professional activities? ☐ Yes ☐ No

If yes, please provide details including names of parties involved, specific action, and dates.

27. In the past three years, has the Firm been named in any suit in which counsel had to be engaged for defense? ☐ Yes ☐ No

If yes, have any claims been made or legal action been brought in the past three years (or made earlier and still pending) against the firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder, or employee? ☐ Yes ☐ No

If yes, please provide the following information for **each** claim. (Use additional sheet if necessary.)

Date Reported: ____/____/____ (mm/dd/yyyy)

Name of Claimant or Plaintiff: _____

Description of Loss/Allegation: _____

Demand or Amount of Claims: \$ _____

Name of Your Insurance Company: _____

Policy Number: _____

Policy Period: ____/____/____ (mm/dd/yyyy) to ____/____/____ (mm/dd/yyyy)

Total Amount Paid: \$ _____

Total Amount of Reserves (if known): \$ _____

28. After inquiry, is any member of the Firm aware of any act, error, omission, or circumstance which may possibly result in a claim being made against them? ☐ Yes ☐ No

If yes, please provide description of circumstances and approximate timeframe of the act, error, omission, or circumstance.

29. Has the Firm and/or principals of the Firm had their professional liability policy cancelled or not renewed by an insurance company (except for non-payment of premium)? **MISSOURI APPLICANTS NEED NOT REPLY** ☐ Yes ☐ No

If yes, please cite policy period and reason for cancellation.

Policy Period: ____/____/____ (mm/dd/yyyy) to ____/____/____ (mm/dd/yyyy)

Reason: _____

30. Are standard industry contracts (AIA or EJCDC) used the majority of the time? ☐ Yes ☐ No

If no, please detail the types of contracts used and the percentage amount.

AIA or EJCDC _____%

Client Drafted Agreement _____%

Firm's Standard Form _____%

Letter Agreement (firm or client drafted) _____%

31. Does an attorney review your contracts before they are executed? ☐ Yes ☐ No

32. Do you include Limitations of Liability clauses in the majority of your contracts with your clients? ☐ Yes ☐ No

33. Does the Firm have written in-house quality control procedures? ☐ Yes ☐ No

34. Does the Firm or members of your firm maintain membership in professional organizations? ☐ Yes ☐ No

35. Does the Firm have a Peer Review Program? ☐ Yes ☐ No

36. Do all of your contracts with sub-consultants require the sub-consultant to carry errors and omissions coverage? ☐ Yes ☐ No ☐ Consultants are not used

37. Does the Firm incorporate the use of Building Information Modeling (BIM)? ☐ Yes ☐ No

38. Does the Firm use MasterSpec® or similar specification software? ☐ Yes ☐ No

39. Does the Firm currently have Professional Liability coverage? ☐ Yes ☐ No

If no, when would you like your policy to be effective? ____/____/____ (mm/dd/yyyy)

If you do have Professional Liability coverage, please provide details on your Architects and Engineers

Professional Liability Coverage for the past **Five Years** starting with current coverage.

Insurance Company	Policy Period	Prior Acts Date	Limits	Deductible	Premium
	/ / to / / mm/dd/yyyy mm/dd/yyyy	/ / mm/dd/yyyy	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$
	/ / to / /	/ /	\$	\$	\$

40. Does your current policy provide for defense costs within the application of the deductible (often referred to as First Dollar Defense)? ☐ Yes ☐ No

41. Is your Firm currently insured under a Comprehensive General Liability and/or Umbrella Policy? ☐ Yes ☐ No

If yes, please provide details.

Insurance Company: _____ Type of Coverage: _____

Limits BI/PD: _____ Policy Period: ____/____/____ to ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

Coverage Selection

Limits of Liability: \$ _____ / \$ _____ Deductible: \$ _____ ☐ Per Claim or ☐ Annual Aggregate*

Additional Coverage Options

☐ First dollar defense

☐ Pollution Incident Endorsement*

*May not be available in all states.

IMPORTANT NOTICE

In granting coverage to any of the insureds, the insurer has relied upon the declarations and statements in this application for coverage. All such declarations and statements are the basis of coverage and shall be considered incorporated in and constituting part of the policy should one be issued.

All written statements and materials furnished to the company submitted in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This application does not bind the applicant to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract and should a policy be issued, it will be attached to and made a part of the policy.

The undersigned applicant declares that the statements set forth in this application are true. The applicant further declares that if the information supplied on this application changes between the date of this application and the effective date of the policy, should a policy be issued, the applicant will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

If and when a policy is issued, this application is attached to and made a part of the policy, so it is necessary that all questions be answered in detail. The applicant hereby acknowledges that he/she is aware that by signing below where indicated, that this signed statement will be attached to the policy.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO ILLINOIS APPLICANTS: The discovery of any fraud, intentional concealment, or misrepresentation of material fact in the policy will render this policy, if issued, void at inception. The discovery of any fraud, intentional concealment, or misrepresentation of a material fact during a claim will render this policy, if issued, cancelled.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON AND VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant hereby acknowledges that he/she/it is aware that the limits of insurance contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses which include but are not limited to attorneys fees and, in such event, the insurer shall not be liable for the costs of defense expenses or for the amount of any judgement or settlement to the extent that such exceeds the limits of insurance of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

Agent/Producer Name: _____

License #: _____

A&E Advantage is a service mark of Affinity Insurance Services, Inc.; in CA, MN and OK, AIS Affinity Insurance Agency, Inc. (CA License #0795465) and in NY, AIS Affinity Insurance Agency.

Administered by:

